

**BEST AVAILABLE COPY**

CLAIMS ONLY							Application Number 09-662630		Filing Date 11-28-04
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend
1	/						51		
2							52		
3		/					53		
4		/					54		
5		/					55		
6		/					56		
7		/					57		
8	/						58		
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41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	4						Total Indep		
Total Depend	16						Total Depend		
Total Claims	20						Total Claims		